

BIBLIOGRAPHICAL NOTICES.

ART. XV.—*A Manual of Auscultation and Percussion.* By M. BARTH, Agrégé to the Faculty of Medicine of Paris, &c., &c., and M. HENRY ROGER, Physician to the Bureau Central of the Parisian Hospitals, &c., &c. Translated, with additions, by FRANCIS G. SMITH, M.D., Lecturer on Physiology in the Philadelphia Medical Association, &c., &c. Philadelphia, Lindsay & Blakiston, 1845: 12mo. pp. 160.

PHYSICIANS who have applied themselves to the study of physical diagnosis, must generally be familiar with the first edition of MM. Barth & Roger's work, published in 1840, or with the English translation of it by Dr. Newbigger, although we are not aware that the latter was ever republished in the United States. This work is by far the best essay that has yet been written upon the subject of which it treats. It was so much esteemed in Europe as to receive the honour of translation into several languages, and to reach a second edition in the space of three years.—This second edition was carefully revised, amended, and enlarged, by the authors, and a short treatise on percussion appended to it. The latter, with the authors' own summary of the treatise on auscultation, has now been translated by Dr. Smith. The summary contains, in an abridged form, all the practical portions of the text, without any of the discussions there entered upon for the purpose of explaining the *causes* of the natural and morbid phenomena concerned in the physical study of disease. It is thus, as the authors expressly state, adapted to beginners, whom they advise to confine their attention, at first, to it alone, as presenting the simplest notions of the subject, and to leave the more intricate and doubtful questions until their studies are farther advanced.

The manual treats of auscultation and percussion as applied, not only to diseases of the lungs, but to those also of the heart, the abdomen, the head, the extremities, and the gravid uterus; and, as a necessary introduction to the study of these, describes the physiological phenomena of which each may be the seat. The pathological varieties of each phenomenon are then severally examined, and their value as signs distinctly pointed out. They are studied, moreover, not only in their relations to positive but also to differential diagnosis. The authors are not content with informing us that a physical symptom may belong to any one of several affections, but they tell us when it indicates one, and when another of them. To arrive at this result they make use of that potent instrument, analysis, in employing which their countrymen so far excel all other nations, and which MM. Barth and Roger wield with unusual effect. Method, logical arrangement, and analysis, put it in the power of even a half-taught writer to convey much instruction, but when, as in the present instance, they are the instruments of men thoroughly conversant with the subject to be explained, they produce a result as near perfection as possible.

To illustrate what we mean, let us take one example out of the many that present themselves. Absent or suppressed respiration is a complete negation of the respiratory sound in some part of the chest. Dr. Walshe, in his excellent manual, informs us that it is a sign either of obliteration of a bronchus, or tubercular infiltration, or vesicular emphysema, or pleurisy, or hydrothorax, or spasmodic asthma, &c.; and this is well, but not well enough, for it fails to give us the most definite idea possible of the value of the sign in question. And such an idea, we think, is conveyed by MM. Barth and Roger in the following passage: "Absent respiration depends on the same condition of things as feeble respiration, and it announces, consequently, the same diseases, with this difference, that it indicates *more decided anatomical lesions*. But the entire absence of the respiratory murmur being, in exceptional cases only, attendant on emphysema and tubercles—the diseases of the larynx manifesting themselves by peculiar phenomena—the obliteration of

the bronchi, their obstruction by foreign bodies, as well as pneumothorax without perforation, &c., being rare in comparison with liquid effusions into the pleura—it follows that *absent* respiration is a sign of very great value, and a common indication of these effusions; and as pleurisy is more frequently single, and hydrothorax double, it also follows, that well marked absence of the respiratory murmur, on one side of the chest, announces almost with certainty a pleurisy with effusion."

The account given us by Dr. Walshe is certainly true, as far as it goes, but how much does it fall short of the beautiful, and almost demonstrative truth, contained in the passage quoted from MM. Barth and Roger! Upon similar principles do these gentlemen reduce the several physical signs to their truest and simplest expressions, and in this manner do they render remarkably interesting and attractive, a subject which, as hitherto presented by English writers, is, to the student especially, somewhat dull and repulsive. No one can read such a manual as theirs, without feeling that it is just what every inexperienced practitioner needs at the bedside—a concise, clear, and satisfactory explanation of his difficulties.

The translator has appended several useful notes on obstetrical auscultation. (taken from Dr. Hope's treatise,) on prolonged expiration; and on the production of the crepitant rousus, quoted from Dr. Carr's paper upon the subject, in the October Number, for 1842, of this Journal. He claims for Prof. Mitchell a priority of right to this rationale, which is unquestionably the true one, but which, simple as it is, had never before been made by any one since the time of Laennec. Dr. Carr was certainly the first to publish the explanation referred to; but Dr. Walshe, within a month afterwards, and probably before he could have seen Dr. Carr's paper, thus accounts for the production of crepitus: "Its physical cause," says Dr. W., "is the sudden and forcible expansion of the parenchyma, glued together, as it were, by the viscid exudation with which it is infiltrated; each single crepitus would thus signify the expansion of a cell, &c."—an explanation which differs from that of Dr. Carr in placing the seat of the sound outside of the cells instead of within them, but assigning the same mechanism for its production.

The tables of auscultation and percussion in Dr. Smith's manual are modified from those of Dr. Walshe, and, by their modification, we think they have been improved, inasmuch as they have been shorn of many of those varieties of sound which an expert auscultator and percussor may and ought to recognize, but which are more curious than useful to the learner of physical diagnosis.

The translation appears to us much superior to many of more pretension. It reads like an original English book, and where we have taken the trouble to colate it with the French text, we have, with trifling exceptions, found it to be a faithful version. The paper and type in which the publishers have dressed it, render the work not less attractive in its exterior than it is intrinsically valuable, and we trust that, for their profit, as well as for the advantage of the large medical classes of the present season, it may have an extensive circulation. A. S.

ART. XVI.—1. *Ninth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane.* September, 1845.

2. *Report of the Superintendent of the Boston Lunatic Hospital, &c.* July 1st, 1845.

3. *The Twenty-first Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.* May, 1845.

1. From the report by Dr. Rockwell, which is more elaborate than most of its predecessors emanating from the same source, we learn that the Vermont Asylum is in a flourishing condition, that large additions have recently been made to the buildings, and that the number of patients during the past year has been greater than in any previous year. It appears, also, that this asylum is furnished with the facilities for "moral treatment," which are now considered as essential to institutions of the kind, and that manual labour is extensively introduced among the patients.